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PTO/SB/05 (03-01)
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	421842000400
	First Inventor	Harrihar A. PERSHADSINGH
	Title	NOVEL PPAR LIGANDS THAT DO NOT CAUSE FLUID RETENTION, EDEMA OR CONGESTIVE HEART FAILURE
	Express Mail Label No.	EV336630219US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (1 page in duplicate) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 78] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]	ACCOMPANYING APPLICATIONS PARTS
5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of Attorney] (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure [Copies of IDS] Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	25226	or	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Shantanu Basu	Registration No. (Attorney/Agent)	43,318
Signature	<i>Shantanu Basu</i>	Date	July 24, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV336630219US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, on the date shown below.

Dated: July 24, 2003 Signature: *Alicia Hager* (Alicia Hager)

pa-809128

17613 U.S. PTO
10/627372
07/24/03

FEE TRANSMITTAL for FY 2003				Complete if Known	
<i>Patent fees are subject to annual revision.</i>				Application Number	Not Yet Assigned
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Concurrently Herewith
TOTAL AMOUNT OF PAYMENT (\$) 375.00				First Named Inventor	Harrihar A. PERSHADSINGH
				Examiner Name	Not Yet Assigned
				Group Art Unit	Not yet Assigned
				Attorney Docket No.	421842000400

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order		
<input type="checkbox"/> Other	<input type="checkbox"/> None		
Deposit Account Number: 03-1952			
Deposit Account Name: Morrison & Foerster LLP			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
Utility filing fee		Fee Paid	
1002	330	2002	165
Design filing fee			
1003	520	2003	260
Plant filing fee			
1004	750	2004	375
Reissue filing fee			
1005	160	2005	80
Provisional filing fee			
SUBTOTAL (1)		(\$) 375.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	17	-20** =	0
Independent Claims	2	-3** =	0
Multiple Dependent			140
SUBTOTAL (2)		(\$) 0.00	
**or number previously paid, if greater; For Reissues, see above			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Shantanu Basu	Registration No. (Attorney/Agent)	43,318
Signature		Telephone	(650) 813-5995
		Date	July 24, 2003